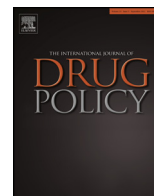




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### Research paper

# Selections of reality: Applying Burke's dramatism to a harm reduction program

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### ABSTRACT

Kenneth Burke's dramaturgical perspective is applied to accounts told by staff members working in methadone maintenance treatment centres in Copenhagen, Denmark. As a harm reduction strategy, methadone maintenance is designed to reduce the costs and dangers of chronic long-term drug use by providing substitution (methadone) treatment to users. Burke's dramaturgical perspective calls attention to the recurring relationships among rhetorical elements within accounts of social reality. The elements form a pentad: scene, purpose, agent, agency and acts. Our analysis examines how the ideal of governmentality is constructed by staff members to justify and criticize the operations of the Copenhagen methadone maintenance program. For Burke, social criticism involves rearranging pentadic elements to produce new meanings and justify alternative actions. We discuss how Burke's perspective might be developed by sociologists as a critical dramaturgical perspective of social policies and programs.

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We apply Kenneth Burke's (1969a, 1969b) dramaturgical perspective to a harm reduction policy in this paper. Harm reduction has over the past 15–20 years become the dominant approach to drug problems in many Western countries (Denning, 2012; O'Hare, Newcombe, Matthews, Buning, & Drucker, 1992; Riley & O'Hare, 2000). Harm reduction involves creating safer contexts for drug use, thus reducing its negative consequences (Denning, Little, & Glickman, 2004; Kleiman, Caulkins, & Hawken, 2011; Järvinen, 2008). Examples are clean needles services, instructions on safe drug injection, heroin prescription for severely addicted opiate users, 'injection rooms' for clean drug intake – and most important: substitution treatment (with methadone or buprenorphine) for heroin addicts. Such programs represent a significant shift in contemporary orientations to personal risk and social responsibility.

Burke's (1969a) dramaturgical perspective focuses on how persons' accounts of social reality orient to culturally shared narrative concerns involving definitions of situations, actors' motivated actions and the consequences of actors' actions. These concerns are arranged differently in diverse accounts. The accounts represent systems of

meaning that shape 'our understanding of the world around us in ways we cannot escape' (Overington, 1977a: 140). Burke stresses both the necessity of accounts and their limitations in making sense of social issues. He explains that people

seek for vocabularies that will be faithful *reflections* of reality. To this end they must develop vocabularies that are *selections* of reality. And every selection of reality must, in certain circumstances, function as a *deflection* of reality (Burke, 1969a: 59).

Unlike other fields, Burke's work has been largely undeveloped in sociology (Kenny, 2008). Notable exceptions include Manning's (1977, 1982) analyses of policing as dramatic action, Hopper's (1993) study of accounts about marital dissolution, Brown's (1977, 1987) rhetorical analyses of the logic of social knowledge, and Edelman's (1977, 1988) explorations of political symbolism. Particularly significant is Gusfield's (1976) study of the rhetoric of drinking and driving. Gusfield (1976: 20) examines how scientific reporting involves selective emphasis on some factors over others and how scientific rhetoric persuades 'but only by presenting an external world to the audience and allowing that external reality to do the persuading'.

The underdevelopment of the sociological implications of Burke's writings is puzzling given that his work resonates with several perspectives in interpretive sociology; including

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Geertz's (1983) approach to culture, aspects of ethnomethodology (Garfinkel, 1967), and Berger and Luckman's (1967) treatise on the social construction of reality (Kenny, 2008). Further, Burke's perspective is directly implicated in Mills' (1939, 1940) and Gerth and Mills' (1953) analyses of language, motives and social structure, and Goffman's (1959, 1961, 1963) approach to self, dramaturgy and social institutions (Genter, 2010). One purpose of this paper is to show how Burke's dramatism brings together themes in interpretive sociology and extends beyond them as a framework for developing a critical, but still interpretive, approach to social policy.

## Focus and organization

Fry, Knoshnood, Power, and Sharma (2008: 1) have noticed an 'awakening' in recent years to moral questions associated with harm reduction programs. They explain that increasingly public health officials are openly aligning with social values and defining their practices as both practical and ethical responses to social issues. Fry et al. (2008: 1) explain: 'In this environment, a range of scientific, political and ethical considerations converge, many of which cannot be resolved by scientific evidence alone.' We explore these issues by dramatically analysing the ethical claims voiced by staff members in the methadone treatment program in Copenhagen, Denmark. We analyze staff members' claims as local formulations of the ethics of methadone treatment. The claims define the boundaries within which staff members engage the ethical implications of their practices. They also form a starting point for our own dramatic criticism of methadone treatment in Copenhagen. Dramatic criticism seeks to expand the range of perspectives included in discussions of social issues (Burke, 1934, 1973). Such discussions are also sites for assessing ethical orientations associated with social policies and programs.

Of course, Burke's dramatism represents only one approach to the ethics of harm reduction. Pauly's (2008) application of social justice perspectives to harm reduction and Christie, Groarke, and Sweet's (2008) assessment of this policy from the standpoint of utilitarianism, deontology and virtue ethics are notable alternative approaches. Pauly makes the case for including consideration of the root causes of substance abuse and of the negative consequences of drug policies in discussions about harm reduction. Christie et al. argue for using virtue ethics to bring concern for the moral character of drug users into policy discussions. Our use of Burke's dramatism in analysing staff member accounts of a harm reduction policy involves a different type of expansion of public discussions. First, we treat staff members as practical ethicists who orient to their own moral concerns and practical experiences in assessing the ethics of harm reduction. These concerns and experiences are often overlooked in more abstract policy discussions. Second, we analyze the narrative processes through which staff members construct differing ethical assessments. Finally, Burke's dramatism is a standpoint for pointing to alternative narratives that might enhance future discussions of the ethics of harm reduction.

We develop these issues in the rest of the paper. Next, we review the practical and ethical issues noted by drug researchers about substitution as a form of harm reduction, and introduce the methods and data of our study. We then turn to Burke's dramatic perspective on ethics and apply it to staff members' justifications and criticisms of methadone treatment in Denmark. Finally, we discuss dramatism as a critical perspective, and apply it to our findings.

## Ethics and harm reduction

Harm reduction is part of a neoliberal trend stressing 'governmentality' in human service work (Foucault, 1988; Larner, 2000; Bacon & Seddon, 2013). The neoliberal strategy treats individuals

as self-governing choice-makers who are capable of 'shaping their own lives through the choices they make among the forms of life available to them' (Rose, 1998: 226). Harm reduction has significantly changed how goals, performance measures and clients are defined in addiction treatment settings. Traditionally, addiction treatment has emphasized the goal of abstinence, even when it involved repeated and expensive treatments. In contrast, harm reduction treatment focuses on alleviating the consequences of illegal drug use, without necessarily reducing users' drug intake (Riley & O'Hare, 2000). Newcombe (1992: 1) explains:

Harm reduction has its main roots in the scientific public health model, with deeper roots in humanitarianism and libertarianism. It therefore contrasts with abstentionism, which is rooted more in the punitive law enforcement model and in medical and religious paternalism.

Newcombe's statement draws attention to how science and other social values are linked in harm reduction policies. Such connections are basic to governmentality in neoliberal societies for Rose (1989). Neoliberalism involves balancing a tolerance for diverse orientations to personal conduct while privileging scientific definitions of truth and health. The technologies of governmentality operate to 'align political, social, and institutional goals with individual pleasures and desires, and with the happiness and fulfilment of the self' (Rose, 1989: 257). The sociological significance of harm reduction programs lies in how particular vocabularies and techniques are used to justify institutional interventions that are said to respect program participants' right to freely choose their life styles. This claim organizes debates on the ethics of harm reduction policies.

The connection between scientific and humanitarian values is also basic to proponents' claims that the efficacy and ethics of harm reduction policies are linked. Proponents of harm reduction depict them as effective and ethical because they treat people as autonomous subjects who act strategically to reach their own goals. Within harm reduction programs, then, ethics drive practices because participants are allowed to act in accordance with their preferred life styles (Moore & Fraser, 2006). Aceijas (2012) adds that opiate substitution programs meet the ethical standards of bioethics, while also proving to be effective in improving participants' lives.

Hathaway and Tousaw (2008) state that ethical justifications are necessary, because critics often ignore empirical evidence of harm reduction's effectiveness (Buchanan, Ford, & Singer, 2003). They also note that humanitarian appeals resonate with the public. This is perhaps why neoliberal definitions of subjecthood predominate in declarations of intent for drug substitution programs, public debates on drug addiction, health promotion materials for safe drug use – and among drug users themselves who struggle to live up to the demands of responsible self-governance (Fraser, 2004, 2006; Moore & Fraser, 2006). Finally, Gomart (2002a, 2002b, 2004) portrays substitution treatment as a 'generous constraint' and liberating alternative to traditional forms of treatment. Whereas abstinence-oriented treatment, involves a dualistic model of subjecthood – 'an individual either acts as a full rational agent or the drug acts on him/her' (Gomart, 2002b: 518) – substitution treatment mediates users' autonomy and dependence, accepting that dependence on one drug may contribute to users' freedom from other drugs.

Others, however, state that harm reduction proponents' claims overlook troubling practical and ethical issues associated with these programs. For example, Kleinig (2008) notes that harm reduction advocates' assumption that minimizing the costs of persons' risky behaviour is necessarily desirable or that all such risks are equally worrisome. He adds that proponents are inattentive to

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